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**Presentation May 13, 2003 in Washington, DC by AmeriCares (represented by Curtis R. Welling, President and CEO) to U.S. House Subcommittee on National Security, Emerging Threats, and International Relations, Committee on Government Reform**

**Topic: *Humanitarian Assistance Following Military Operations: Overcoming Barriers***

Chairman Shays, Rep. Davis, Waxman, Turner and Kucinich, thank you for recognizing the importance of humanitarian aid in times of crisis by holding this hearing.

On behalf of AmeriCares, I welcome the opportunity to illuminate our commitment to bringing humanitarian aid to people in need around the world. While each of the non-governmental organizations represented here has a long history of success delivering aid in times of crisis, there are unquestionably ways to improve and refine the process. I am confident that everyone presenting to the subcommittee today has a sincere desire to ensure that the people needing our assistance receive humanitarian aid in a timely, effective and responsible manner.

Our views on the current Iraq situation are informed by 21 years of experience in disaster relief, particularly following the military actions in Kosovo and Afghanistan. AmeriCares is known for its fast, efficient and effective response to crises whether natural or man-made. We specialize in providing medical relief (medicines, medical supplies) as well as nutritional and other relief aid depending on assessed needs. Our model emphasizes rapid response, and relies on identifying and partnering with high quality, local organizations to assist us in our response.

Over 21 years, we have delivered more than \$3 billion in assistance to 137 countries. We are a lean organization with only 70 full-time staff members all based in the United States. We have been recognized as one of the most efficient organizations in the nonprofit industry.

Apart from one grant from the U.S. Agency for International Development for health programs in Central America and occasional government air transport services, AmeriCares is funded entirely by the private sector. We receive cash donations from more than 150,000 individual donors, and hundreds of foundations and corporations. The pharmaceutical industry and other corporations annually contribute hundreds of millions of

dollars worth of medicines, medical supplies, and other relief aid to AmeriCares that we deliver through local partners to people in need around the world.

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## **The Iraq Situation**

As war became more and more likely in Iraq, AmeriCares began its preparations for responding to the probable humanitarian crisis. We knew that twelve years of sanctions, many years of war, and a totalitarian regime that had let infrastructure decay, meant that the Iraqi population was at great risk. The dismal humanitarian circumstances are well documented. More than 60% of the population relies on the U.N. Oil for Food Program. Water, sanitation and drainage systems are sub-standard. Even the most basic medicines, medical supplies and equipment are non-existent in many hospitals and clinics. What makes this situation somewhat unique is that unlike a natural disaster, there was ample time to plan and prepare.

In anticipation of great needs in Iraq, we asked our donors for their support. The likelihood of a severe crisis in Iraq resonated powerfully with the American people. In response to a dedicated campaign, over \$650,000 in cash contributions was raised in less than six weeks and pharmaceutical manufacturers and other companies supplied millions of dollars worth of in-kind donations. Both cash and "in-kind" donations are still being received. The American people clearly understand the magnitude of need as well as the urgency.

By the time of the Coalition's March 23rd intervention in Iraq and reflecting the possibility of a refugee exodus, AmeriCares had pre-positioned 69,000 pounds of medicine and supplies in Turkey and 15,000 pounds in Jordan: relief intended for refugee populations in those countries. When it became clear that refugees would not be crossing into Turkey, AmeriCares applied for and received approval from the Turkish government to transit aid across their border with Iraq.

Prior to the commencement of hostilities and, again once the conflict began, President Bush consistently reinforced the commitment that humanitarian assistance would be a critical part of the U.S. response in Iraq. Once military operations were concluded, humanitarian assistance was guaranteed to the Iraqi people. The President set a high standard by which the humanitarian response would be judged.

The need to serve in Iraq did not daunt us nor the rest of the NGO world. AmeriCares had worked in Iraq following the Gulf War in 1991 and again in 1998. Other NGO's were working in Iraq at the time the conflict began. Humanitarian organizations understood the challenges, the needs, and the risks in Iraq and were prepared to operate in that arena.

The reality of the past few weeks is that despite much good faith effort by many people in and out of government, the response to the immediate, emergency humanitarian medical needs that we know exist in Iraq has been slow in getting underway.

Why is this? I think there are six key factors.

- (1) Much of the early planning and preparation that took place anticipated an unprecedented refugee and internal displacement crisis. In actuality, refugee flows were negligible. Much of the advance preparation, then, had to be retooled and recalibrated.

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- (2) It was unclear which agency (Defense or State) had comprehensive authority for overseeing humanitarian aid to Iraq.
- (3) Despite the ample lead time, planning among relevant groups was fragmented and uncoordinated.
- (4) Communication between NGO's and the government prior to the war was confusing and inconsistent.
- (5) No effort seems to have been made to look comprehensively at the practical considerations that would have facilitated early access.
- (6) The government never adequately engaged the NGO community to respond to its concerns about operating under military direction and control, impeding the creation of working partnerships.

Some of the approval processes highlight the frustrations that were experienced in gaining the signoffs to bring humanitarian aid into Iraq. Even though the majority of regime controlled areas of Iraq fell quickly, we were still required to apply to the Office Of Foreign Assets Control (OFAC) at the Treasury Department for approval to work in Iraq. Our application was submitted to OFAC, who then forwarded to the State Department where several departments individually reviewed it, then sent back to Treasury.

Upon our OFAC approval, we were informed that we must submit our cargo manifests to the United Nations 661 Committee as sanctions were still in place in Iraq. This process began by submitting our manifest to the State Department, State forwarded the application to the U.S. Mission at the United Nations who forwarded it on to the 661 Committee for approval.

The entire approval process began with our submission to OFAC on April 1<sup>st</sup> and concluded with 661 approval on April 23rd while we had over 40 tons of medicine waiting on the Iraq border.

Meanwhile we watched on television as hundreds of journalists flooded the country both embedded with military units, and independently once Baghdad fell. They highlighted the immediate, critical needs of the people for basic goods such as clean water, food and medicines. We watched graphic images of injured and desperate patients without access to proper healthcare. The reality that we had 85,000 lbs. of emergency medical supplies on two borders, while those in need continued to suffer and die, was deeply disturbing. As humanitarians, we accept a certain amount of risk, as journalists do. It was not unwillingness on our part to proceed but a lack of coordination in expediting the movement of humanitarian workers into Iraq to perform the initial assessments and to bring emergency aid.

## **Going Forward**

Looking to the future beyond Iraq and the possibility of a similar situation developing in the future, we must learn from Iraq. We had the time to prepare for a certain humanitarian crisis in Iraq but with confusing communication, limited coordination, incorrect assumptions about the probable shape of the crisis, and the absence of comprehensive central authority,

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valuable time was lost. Our experience shows that hours and days matter while lives hang in the balance. With a lack of coordination, aid did not arrive in Iraq as quickly as it could have. In much of the country, assessments are just now taking place and aid is beginning to be delivered.

It is particularly critical that the roles of the military and the humanitarian organizations preparing to work in a post-military theatre be spelled out clearly. Once military operations have largely concluded, humanitarian aid organizations must not be impeded from operating independently, and doing what they do best.

The better news today is that dozens of aid organizations are either now working or about to be working in Iraq. AmeriCares was the first organization to distribute medical relief aid in Kirkuk, Northern Iraq. We have completed assessments in northern Iraq and in Baghdad. Our first airlift of 40 tons of medicines and supplies to Baghdad is scheduled to arrive May 11 and a second airlift of equal magnitude is scheduled a week later in northern Iraq. Soon, the humanitarian response in Iraq will shift from an emergency response to one of rebuilding. We, like many humanitarian organizations, are committed to Iraq for the long-term. The American people want this, our donors expect this and our collective ability to succeed will be an important factor in the betterment of the lives of the Iraqi people.

## **Conclusions**

Coordination, speed and neutrality are vital to mounting a humanitarian campaign to deliver urgent relief. Speed in access to the areas impacted is critical to the large segments of the populations whose lives have been uprooted and are increasingly vulnerable as time passes. Clearly, safety and security are paramount considerations; however, assessments of conditions need to be made as quickly as possible to maximize the impact and appropriateness of the aid.

To summarize, the factors that AmeriCares believes are critical to delivering humanitarian aid during crises are as follows:

- Clear, unambiguous assignment of overall responsibility and authority;
- Effective communication and planning;
- Resource prioritization reflecting the importance of the activities and the impacts;
- Practical ability to eliminate barriers, red tape and bureaucratic impediments;
- Clear separation of the roles and responsibilities of the military and the humanitarian aid organizations.

Finally let me say, that this is not a theoretical or rhetorical imperative. Our ability in the future to improve on our recent experience is mandatory and critical for at least three key reasons:

- First, in a humanitarian crisis, timeliness matters – delays cost lives.

- Second, the American people have made it clear: they expect, and the President has promised - an effective commitment to humanitarian assistance.
- Third, the very success of helping impoverished populations is dependent on all parties communicating effectively and finding ways to cut through impediments along the way.

Collectively, we can learn from our experience and we can do better.

Thank you again for the opportunity to share these thoughts on behalf of AmeriCares.

Sincerely,

Curtis R. Welling  
President and Chief Executive Officer